



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts

Department Public Safety

Robert C. Haas
Secretary

Thomas G. Gatzunis
Commissioner

DIVISION OF INSPECTION

Application for annual license to operate a carriage horse business.
In accordance with the provisions of M.G.L. c.22, § 20 of the General Laws.
Application is submitted for approval.

April 1, 20_____ to March 31, 20_____

RETURN THIS APPLICATION WITH CHECK PAYABLE TO:

**Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618**

NON-REFUNDABLE APPLICATION FEE _____ **\$25.00** _____
CARRIAGE INSPECTION FEE _____ **\$50.00 EACH** _____
HORSES LICENSED AT _____ **\$50.00 EACH** _____

(Please type or print)

1. Applicant's Full Name: _____
(If Corporation its duly authorized agent)
2. Home Address: _____ Tel. Number: _____
3. Business Name: _____
4. Business Address: _____ Tel. Number: _____

5. City (s) and Town (s) where business will operate if different from business address:

Carriage Information (list)

	Manufacturer	Model	Color	Passenger Capacity	Year built	Picture Submitted	License Plate (number Dept. issued)
1							
2							
3							
4							
5							
6							
7							
8							

9							
10							

HORSE INFORMATION (LIST)

	Horse's Name	Identification Number	Health Certificate Enclosed
1			
2			
3			
4			
5			
6			
7			
8			
9			

(if additional horses, attach separate sheet)

DRIVER'S INFORMATION (LIST)

	DRIVER'S NAME	CERTIFICATE NUMBER		DRIVER'S NAME	CERTIFICATE NUMBER
1			6		
2			7		
3			8		
4			9		
5			10		

Has proof of insurance in accordance with 520 CMR 13.03:(4) submitted with application: _____

Has local authority approved carriage horse route(s) and designated curb space(s) in accordance to CMR 13.03:(11) and 13.08:(2)? _____

Local Police Chief: _____

Approved signature

Disapproved signature

City or town of: _____

Signature of applicant or agent: _____

Business address of applicant or agent: _____

name

no

street

city

state

zip code

telephone number

(DO NOT WRITE BELOW THIS LINE)

Carriage Horse operation inspected by: _____

Date

result

License Number / issue date

Deficiencies, changes, or repairs ordered: _____

Days to comply: _____

Name and Title of person to whom requirements were explained: _____

Inspector's Signature: _____ Commissioner's Signature: _____

Approved

Disapproved